

Case Number:	CM14-0041524		
Date Assigned:	06/27/2014	Date of Injury:	07/14/2011
Decision Date:	03/30/2015	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38-year-old female who reported an injury on 07/14/2011. The mechanism of injury was not provided. Her diagnoses included cervical pain and low back pain. Medications included Flexeril and oxycodone/acetaminophen and Norco, Motrin, and Sonata. Surgical history was not provided. Diagnostic studies were not provided. Other therapies were not provided. The progress report dated 02/11/2014 noted the patient had back pain. Upon examination, there was back pain, myalgias, muscle weakness, stiffness, and joint complaint. The patient also complained of insomnia and depression. She had distress secondary to pain. Part of the clinical note was missing within the documentation provided. Her treatment plan included surgical referral and to continue meds. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10 mg #90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The request for Flexeril 10 mg #90 with one refill is not supported. The injured worker had a history of neck and back pain. The California MTUS Guidelines recommend Flexeril as an option using a short course of therapy. Flexeril is a muscle relaxant that is used to reduce low back pain by relieving muscle spasms. The effect is greatest in the first 4 days of treatment. The clinical information submitted for review does not indicate that the injured worker is suffering from muscle spasms. Medical necessity has not been established based upon the provided documentation. As such, the request is not medically necessary. The request for Flexeril does not have a frequency provided within the request. As such, the request is not medically necessary.

Oxycodone/Acetaminophen 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management, Opioids, dosing Page(s): 78, 86.

Decision rationale: The request for Oxycodone/Acetaminophen 10/325 mg #30 is not supported. The California MTUS Guidelines state that oxycodone/acetaminophen is a short acting opioid used for relief of moderate to severe pain. Opioids should be used as a second or third line of treatment. There is a lack of documentation of frequency within the request. There is a lack of documentation of pain relief, functional improvement, or aberrant behavior noted. There is a lack of documentation of a urine drug screen or opioid pain agreement within the records. There is lack of documentation of the frequency provided within the request. The medical necessity has not been established based on the provided documentation. As such, the request is not medically necessary.